

Appendix B - Settings Assessment

B.1 Provider Attestation Survey, 2015

Assessment of HCBS Settings

Q1 The Center for Medicare and Medicaid Services, known as CMS, has made changes to its requirements for home and community based services. The new final rule, effective March 17, 2014, requires states to evaluate its HCBS settings to meet the new rule's definition. The new Final Rule affects all HCBS settings (residential and nonresidential) that are controlled, owned and operated by providers in which individuals receive home and community based services through the Autism, Frail Elderly, Intellectual and Developmental Disabilities, Physical Disability, SED, Traumatic Brain Injury, and Technology Assisted Programs. To ensure compliance with the new rules, KDADS is requesting all providers who own, operate and control settings to complete one (1) survey for every setting type that they own, operate and control. The setting types (listed below) will be assessed and the information gathered through this survey will be used to develop and update the Transition Plan. Please answer the questions with the type of activities that are "typical" of the setting type. Comments can be added to the end of the survey if you would like to provide additional information and pose questions for future follow up. The survey is designed so that it must be completed for each setting type individually (i.e., if you own, operate or control more than one setting type, you must take the survey for each one). Once you complete the survey, you can start over and complete a different survey for a different setting type. Questions related to the survey and transition plan can be sent to HCBS-KS@kdads.ks.gov. Questions regarding technical issues with the survey can be directed to Dr. Tara Gregory, Director of Research and Evaluation at WSU Center for Community Support and Research, at tara.gregory@wichita.edu. IF YOU HAVE MULTIPLE TYPES OF FACILITIES, PLEASE COMPLETE THIS SURVEY FOR EACH ONE. If you do not complete a survey for each one, it may impact continued HCBS funding. Please complete all surveys by Friday, May 30 at noon.

Q48 Please provide contact information for the person completing this

survey: Name (1)

Telephone number (2)

E-mail address (3)

Q2 Please provide the full name of your organization.

Q3 Please specify the type of facility:

- ☐ Nursing facility (1)
- ☐ Nursing facility for mental health (8)
- ☐ Intermediate care facility for individuals with developmental disabilities (9)
- ☐ Private Psychiatric Hospital (PPH) (10)
- ☐ Psychiatric Residential Treatment Facility (PRTF) (11)
- ☐ Substance Use Disorder (SUD) Treatment Facility (12)
- ☐ Residential care facility for persons with mental illness (13)
- ☐ Adult family home for persons with mental illness (14)
- ☐ Foster family home (16)
- ☐ Group home (17)
- ☐ Residential center (18)
- ☐ Maternity home (19)
- ☐ Day care facility (20)
- ☐ Assisted living facility (21)
- ☐ Residential health care facility (22)
- ☐ Home plus facility (23)
- ☐ Boarding care home (24)
- ☐ Adult day care facility (25)
- ☐ Day services for adults with intellectual and developmental disabilities (26)
- ☐ Residential services for adults with intellectual and developmental disabilities (27)
- ☐ Shared Living/Host Homes/Extended Family Teaching Homes (29)
- ☐ Foster Home/Adult Foster Home/Children's Residential/Respite Care (30)
- ☐ Community Mental Health Center (31)

Q40 Please indicate the following for the facility/setting you selected above:

- ☐ Serves children only (1)
- ☐ Serves adults only (2)
- ☐ Serves children and adults (3)

Q39 For the facility/setting you selected above, please provide the following information about the number of residents/clients:

Total number of residents/clients in the facility/setting listed above: (1) Number of HCBS residents/clients in the facility/setting listed above: (2)

Q4 Is the HCBS setting you specified above (under type of facility) located on the same campus as a nursing facility, Intermediate Care Facility for individuals with intellectual disabilities, or other private or public institutions?

☐ Yes (9)

☒ No (10)

If No Is Selected, Then Skip To Do you offer Autism services in the H...

Q46 Please choose the statement that's most accurate for your setting:

☐ HCBS setting is not physically connected to the nursing home. (5)

☐ HCBS setting is connected through a covered walk or breezeway. (6)

☐ HCBS setting is directly attached to the nursing home but has its own entrance, dining, living, and recreation areas. (7)

☐ HCBS setting is directly attached and shares entrance, dining, living and recreation areas with the nursing home. (8)

Q5 Do you offer Autism services in the HCBS setting you specified?

☐ Yes (1)

☒ No (2)

If No Is Selected, Then Skip To Do you offer Frail Elderly services i...

Q6 Please choose all that apply for the services you provide for Autism

- ☐ Consultative Clinical and Therapeutic Services (Autism Specialist) (1)
- ☐ Interpersonal Communication Therapy (2)
- ☐ Intensive Individual Supports (3)
- ☐ Parent Support & Training (4)
- ☐ Family Adjustment Counseling (5)
- ☐ Respite Services (6)
- ☐ Interpersonal Communications Therapy (7)

Q7 Do you offer Frail Elderly services in the HCBS setting you specified?

- ☐ Yes (1)
- ☐ No (2)

If No Is Selected, Then Skip To Do you offer Intellectual/Development...

Q8 Please choose all that apply for the services you provide for Frail Elderly

- ☐ Adult Day Care (1)
- ☐ Assisted Technology (2)
- ☐ Attendant Care Services (3)
- ☐ Comprehensive Support (4)
- ☐ Financial Management Service (5)
- ☐ Medication Reminder (6)
- ☐ Nursing (7)
- ☐ Evaluation Visit (8)
- ☐ Oral Health (9)
- ☐ Personal Emergency Response (10)
- ☐ Sleep Cycle Support (11)
- ☐ Wellness Monitoring (12)

Q9 Do you offer Intellectual/Developmental Disability services in the HCBS setting you specified?

☐ Yes (1)

☐ No (2)

If No Is Selected, Then Skip To Do you offer Physical Disability serv...

Q10 Please choose all that apply for the services you provide for Intellectual/Developmental Disability

☐ Assisted Services (1)

☐ Day Services (2)

☐ Financial Management Service (3)

☐ Medical Alert Rental (4)

☐ Personal Assistant Services (5)

☐ Residential Supports (6)

☐ Sleep Cycle Support (7)

☐ Support Employment (8)

☐ Supportive Home Care (9)

☐ Wellness Monitoring (10)

Q11 Do you offer Physical Disability services in the HCBS setting you specified?

☐ Yes (1)

☐ No (2)

If No Is Selected, Then Skip To Do you offer SED services in the HCBS...

Q12 Please choose all that apply for the services you provide for Physical Disability

- ☐ Personal Services (1)
- ☐ Assisted Services (2)
- ☐ Sleep Cycle Support (3)
- ☐ Personal Emergency Response Systems (PERS) (4)
- ☐ Financial Management Services (FMS) (5)
- ☐ Home Delivered Meals (6)
- ☐ Medication Reminder (Call, Dispenser, Installation) (7)

Q41 Do you offer SED services in the HCBS setting you specified?

- ☐ Yes (9)
- ☐ No (10)

If No Is Selected, Then Skip To Do you offer Technology Assisted serv...

Q42 Please choose all that apply for the services you provide for SED

- ☐ Parent Support and Training (4)
- ☐ Independent Living/Skills Building (5)
- ☐ Short Term Respite Care (6)
- ☐ Wraparound Facilitation (7)
- ☐ Professional Resource Family Care (8)
- ☐ Attendant Care (9)

Q13 Do you offer Technology Assisted services in the HCBS setting you specified?

- ☐ Yes (1)
- ☐ No (2)

If No Is Selected, Then Skip To Do you offer Traumatic Brain Injury s...

Q14 Please choose all that apply for the services you provide for Technology Assisted

- ☐ Financial Management Service (1)
- ☐ Health Maintenance Monitoring (2)
- ☐ Home Modifications (3)
- ☐ Intermittent Intensive Medical Care Services (4)
- ☐ Long Term Community Care Attendant (5)
- ☐ Medical Respite (6)
- ☐ Specialized Medical Care (7)

Q15 Do you offer Traumatic Brain Injury services in the HCBS setting you specified?

- ☐ Yes (1)
- ☐ No (2)

If No Is Selected, Then Skip To The following characteristics are ind...

Q16 Please choose all that apply for the services you provide for Traumatic Brain Injury

- ☐ Assisted Services (1)
- ☐ Financial Management Services (2)
- ☐ Home Delivered Meals (3)
- ☐ Medication Reminder Call/Dispenser/Installation (4)
- ☐ Personal Services (5)
- ☐ Personal Emergency Response/Installation (6)
- ☐ Rehabilitation Therapies (7)
- ☐ Sleep Cycle Support (8)
- ☐ Transitional Living Skills (9)

Q17 The following characteristics are indicators of compliance with CMS home and community-based settings requirements. Based on the question asked and your knowledge of your setting (selected above), please indicate to the best of your understanding what extent your organization TYPICALLY meets the expectations for each of the indicators under the major headings below. “Typically” means “in most situations excluding unique cases.”

Q18 The setting was selected by the individual

	Completely meets expectation (1)	Partially meets expectation (2)	Doesn't meet expectation (3)	Not applicable (4)
Individual given choice of available options regarding where to live/receive services (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual given opportunities to visit other settings (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The setting reflects the individual's needs and preferences (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation of selection is maintained by provider and readily available for review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q19 Individual participates in unscheduled/scheduled community in same manner as individuals not receiving HCBS

	Completely meets expectation (1)	Partially meets expectation (2)	Doesn't meet expectation (3)	Not applicable (4)
Individual regularly accesses the community (1)	?	?	?	?
Individual is able to describe how the individual accesses the community (2)	?	?	?	?
Provider documents individual's choice of activity (3)	?	?	?	?
Individual is aware of/has access to materials to know of activities occurring outside the setting (4)	?	?	?	?
Individual attends religious services, shops, eats with family, etc, in community, as chooses (5)	?	?	?	?
Individual can come and go as s/he pleases (6)	?	?	?	?
Individual talks/expresses information about activities occurring outside of setting (7)	?	?	?	?

Q20 Individual has his/her own bedroom or shares a room with roommate of choice

	Completely meets expectation (1)	Partially meets expectation (2)	Doesn't meet expectation (3)	Not applicable (4)
Individual given a choice of roommate (1)	?	?	?	?
Individual talks about his/her roommate(s) in a positive manner (2)	?	?	?	?
Individual expresses a desire to remain in a room with his/her roommate (3)	?	?	?	?
Married couples able to share a room by choice (4)	?	?	?	?
Individual knows how s/he can request a roommate change (5)	?	?	?	?

Q21 Individual chooses/controls a schedule that meets his/her wishes (in person-centered plan)

	Completely meets expectation (1)	Partially meets expectation (2)	Doesn't meet expectation (3)	Not applicable (4)
Individual knows s/he is not required to follow a schedule for waking, activities, eating, etc. (1)	?	?	?	?
Individual's schedule varies from others in the same setting (2)	?	?	?	?
Individual has access to such things as a television, radio, and leisure activities that interest him/her and can s/he schedule such activities at his/her convenience (3)	?	?	?	?

Q22 Individual controls his/her personal resources

	Completely meets expectation (1)	Partially meets expectation (2)	Doesn't meet expectation (3)	Not applicable (4)
Individual has a check or savings account or other means to control his/her funds (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual has access to his/her funds (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual knows that s/he is not required to sign over his/her paycheck to provider (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q23 Individual chooses with whom to eat or to eat alone

	Completely meets expectation (1)	Partially meets expectation (2)	Doesn't meet expectation (3)	Not applicable (4)
Individual is not required to sit at an assigned seat in a dining area (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual converses/communicates with others during meal time (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual can eat privately if s/he chooses to do so (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual chooses what time to eat and what food s/he wants to eat (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q24 Individual choices are incorporated into the services and supports received

	Completely meets expectation (1)	Partially meets expectation (2)	Doesn't meet expectation (3)	Not applicable (4)
Individual is asked about his/her needs and preference (1)	?	?	?	?
Individual is aware of how to make a service request (2)	?	?	?	?
Individual expresses satisfaction with services being received (3)	?	?	?	?
Requests for services and supports are documented and accommodated (not ignored/denied) (4)	?	?	?	?
Individual's choice is facilitated in manner that leaves individual empowered to make decisions (5)	?	?	?	?

Q25 Individual chooses from whom to receive services and supports

	Completely meets expectation (1)	Partially meets expectation (2)	Doesn't meet expectation (3)	Not applicable (4)
Individual can identify other providers who render the services s/he receives (1)	?	?	?	?
Individual expresses satisfaction with provider selected or s/he asked to discuss a change (2)	?	?	?	?
Individual knows how and to whom to make a request for a new provider (3)	?	?	?	?

Q26 Individual is free from coercion

	Completely meets expectation (1)	Partially meets expectation (2)	Doesn't meet expectation (3)	Not applicable (4)
Information for filing a complaint is posted in obvious location and understandable formats (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual is comfortable discussing concerns with provider (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual knows the person to contact or the process to make an anonymous complaint (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual can file an anonymous complaint (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individuals in the setting have different haircuts/hairstyles and hair color (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q19 Individual has active role in development and update of the individual person-centered plan/Integrated Service plan

	Completely meets expectation (1)	Partially meets expectation (2)	Doesn't meet expectation (3)	Not applicable (4)
Individual/chosen representative(s) know how to schedule PCSP meeting (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual can explain the process to develop and update his/her plan (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual was present at the last planning meeting (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning meeting occurs at a time and place convenient for the individual to attend (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q27 The setting does not isolate individuals from individuals not receiving Medicaid HCBS in broader community

	Completely meets expectation (1)	Partially meets expectation (2)	Doesn't meet expectation (3)	Not applicable (4)
HCBS Individuals do not live/receive services separate from non-HCBS individuals in same setting (1)	?	?	?	?
Setting in the community is among other private residences, retail businesses (2)	?	?	?	?
Community traffic pattern consistent around the setting (i.e. individuals do not avoid setting) (3)	?	?	?	?
Individuals greet/acknowledge individual receiving services when they encounter them (4)	?	?	?	?
Visitors are present/allowed/welcomed at the location (5)	?	?	?	?
Visitors are not restricted to specified visiting hours or visiting hours are posted at the location (6)	?	?	?	?
There is evidence that visitors have been present at regular frequencies (7)	?	?	?	?
Visitors are not restricted to visitor's meeting area/prevented from visiting in person's room (8)	?	?	?	?

Q28 State laws, regulations, licensing requirements, or facility protocols or practices do not limit individuals' choices

	Completely meets expectation (1)	Partially meets expectation (2)	Doesn't meet expectation (3)	Not applicable (4)
Provider's policies and procedures do not limit individual's access to food (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provider does not limit visiting for individuals unless required by state regulations (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individuals are not prohibited from engaging in legal activities (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any limitations to visiting hours are documented and approved by the individual (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q29 Setting is an environment that supports individual comfort, independence and preferences

	Completely meets expectation (1)	Partially meets expectation (2)	Doesn't meet expectation (3)	Not applicable (4)
Individual has informal (written/oral) communication in a language the individual understands (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance is provided in private, as appropriate, when needed (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individuals have full access to typical facilities in home such as a kitchen with cooking facilities, dining area, laundry, and comfortable seating in the shared areas (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q30 Individual has unrestricted access in the setting

	Completely meets expectation (1)	Partially meets expectation (2)	Doesn't meet expectation (3)	Not applicable (4)
There are no barriers preventing individuals' entrance to or exit from certain areas of setting (1)	?	?	?	?
Provider facilitates access for HCBS client to integrated activities such as pool, gym, etc. that are used by others (2)	?	?	?	?
Setting is physically accessible (no obstructions such limiting individuals' mobility in the setting) (3)	?	?	?	?
Environmental adaptations such as a stair lift or elevator are available to ameliorate the obstruction (4)	?	?	?	?

Q31 Individuals have full access to the community

	Completely meets expectation (1)	Partially meets expectation (2)	Doesn't meet expectation (3)	Not applicable (4)
Individuals can come and go at will (1)	?	?	?	?
Individuals are moving freely inside/outside the setting instead of sitting by the front door (2)	?	?	?	?
There is no curfew or other requirement for a scheduled return to a setting (3)	?	?	?	?
Individuals know how to use/have access to public transportation (buses/taxis nearby) (4)	?	?	?	?
Bus and public transportation schedules/telephone numbers are posted in convenient location (5)	?	?	?	?
Facility provides training in the use of public transportation (6)	?	?	?	?
If public transportation is limited, other resources are provided to access broader community (7)	?	?	?	?
Setting has an accessible van available to transport individuals to appointments, shopping, etc. (8)	?	?	?	?

Q32 Individual's right to dignity and privacy is respected

	Completely meets expectation (1)	Partially meets expectation (2)	Doesn't meet expectation (3)	Not applicable (4)
Health information about individuals is kept private and is not published or publically available (1)	?	?	?	?
Schedules of individuals for PT, OT, medications, restricted diet, etc, are not posted publically (2)	?	?	?	?
Individuals who need assistance with grooming are groomed as they desire (3)	?	?	?	?
Individuals are clean, well groomed with nails trimmed and clean (4)	?	?	?	?
Individuals who need assistance are dressed in their own clothes (not wearing PJs, robes all day) (5)	?	?	?	?
Individuals are dressed in clean clothes appropriate to time, day, weather, preferences (6)	?	?	?	?

Q33 Staff communicate with individuals in a dignified manner

	Completely meets expectation (1)	Partially meets expectation (2)	Doesn't meet expectation (3)	Not applicable (4)
Individuals greet and chat/interact with staff (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff converse with individuals while providing assistance and during regular course of day (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff do not talk to other staff about individuals as if they are not present or in earshot of others (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff address individuals in preferred manner (do not routinely using "hon", "sweetie", etc) (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q34 Please provide any additional information you feel would be helpful to KDADS in understanding your HCBS settings and ability to comply with requirements.

Q35 If you need to complete another survey for a different type of facility, please use the same link to start over. You may take this survey as many times as needed. Again, it is ESSENTIAL that you fill out a separate survey for each type of facility your organization includes.

B.2 Provider Attestation Survey, 2016

2016- HCBS Provider Self Assessment and Attestation

Q1 Kansas Home and Community Based Settings (HCBS) Transition Provider Self Assessment and Attestation Survey

Q2 The Center for Medicare and Medicaid Services, known as CMS, has made changes to its requirements for home and community based services. The new final rule, effective March 17, 2014, requires states to evaluate their HCBS settings to meet the new rule's definition. The new Final Rule affects all HCBS settings (residential and nonresidential) that are controlled, owned and operated by providers in which individuals receive home and community based services through the Autism, Frail Elderly, Intellectual and Developmental Disabilities, Physical Disability, SED, Traumatic Brain Injury, and Technology Assisted Programs. To ensure compliance with the new rules, KDADS is requesting all providers who own, operate and control settings to complete one (1) self-assessment/attestation survey for every setting type that they own, operate and control. The information gathered through this survey will assist KDADS to assess existing systems for compliance with the new final rule and determine the next steps for the onsite assessment plan. Please provide a summary of your organization's self-evaluation of compliance with the final rule. Additional comments can be added to the end of the survey if you would like to provide additional information and pose questions for future consideration during the onsite assessment process. The survey is designed so that it must be completed for each setting type individually (i.e., if you own, operate or control more than one setting type, you must take the survey for each one). You may use the same link to take the survey multiple times - once for each setting. HCBS settings' failure to complete the self-assessment/attestation survey by May 27, 2016 will be advanced to the first round of onsite, in-person assessment of compliance by KDADS staff. These settings will receive notification from KDADS of their failure to report their self-assessments of compliance with the final rule and will be given direction for the next steps of the HCBS Settings Compliance process. Questions related to the survey and transition plan can be sent to HCBS-KS@kdads.ks.gov. IF YOU HAVE MULTIPLE TYPES OF SETTINGS RECEIVING HCBS FUNDING, PLEASE COMPLETE ONE SURVEY FOR EACH TYPE OF SETTING, BUT ONLY ONE SURVEY FOR ALL LOCATIONS OF THAT SETTING TYPE. For example, you might receive funding for SETTING 1 and SETTING 2, with 5 SETTING 1 locations and 7 SETTING 2 locations. You would then fill out the survey twice, once regarding all locations of SETTING 1, and once regarding all locations of SETTING 2. KDADS encourages all HCBS settings to complete a self-assessment/attestation by May 27, 2016 in order to ensure settings providing HCBS services in Kansas can be determined to be compliant with the final rule. Questions regarding technical issues with the survey can be directed to Dr. Tara Gregory, Director of the Wichita State University Center for Applied Research and Evaluation, at tara.gregory@wichita.edu.

Q3 Provider Information

Q4 Name of Organization

Q5 Name of person submitting assessment

Q6 Title

Q7 Phone

Q8 Email

Q30 I attest my organization controls, owns, or operates the following setting and all of the following answers are in regard to this type of setting:

- ☐ Licensed Adult Care Home (1)
- ☐ Institution for mental disease (2)
- ☐ Hospital (3)
- ☐ Intermediate Care Facilities for Individuals with Intellectual Disabilities (4)

Q31 Please select the type of facility:

- ☐ Nursing facility (1)
- ☐ Nursing facility for mental health (2)
- ☐ Psychiatric Residential Treatment Facility (PRTF) (3)
- ☐ Intermediate care facility for individuals with developmental disabilities (4)
- ☐ Private Psychiatric Hospital (PPH) (5)
- ☐ Substance Use Disorder (SUD) Treatment Facility (6)
- ☐ Residential care facility for persons with mental illness (7)
- ☐ Foster family home (8)
- ☐ Group home (9)
- ☐ Residential center (10)
- ☐ Maternity home (11)
- ☐ Day care facility (12)
- ☐ Assisted living facility (13)
- ☐ Residential health care facility (14)
- ☐ Home plus facility (15)
- ☐ Boarding care home (16)
- ☐ Adult day care facility (17)
- ☐ Day services for adults with intellectual and developmental disabilities (18)
- ☐ Residential services for adults with intellectual and developmental disabilities (19)
- ☐ Shared Living/Host Homes/Extended Family Teaching Homes (20)
- ☐ Foster Home/Adult Foster Home/Children's Residential/Respite Care (21)
- ☐ Community Mental Health Center (22)
- ☐ Adult family home for persons with mental illness

(23) Q32 When applicable provide Medicaid ID #:

Q33 When applicable provide NPI #:

Q9 Demographic Information for this Setting Type

Q10 # of Individuals receiving services in this setting type (total # of consumers served – regardless of funding source)

Q11 # of individuals receiving HCBS services in this setting type (# of HCBS consumers served)

Q12 Enter the following information about the locations of this setting type.

of setting locations (1)

Address of first location

(2)

Address of second location (if

applicable) (3) Address of third location

(if applicable) (4)

Q16 Please use this space to enter any addresses for additional settings.

Q17 Average # of individuals served in an individual setting:

Q18 Fewest # of individuals served in this setting type

Q19 Highest # of individuals served in this setting type

Q20 This organization serves the following home and community based services for the following population (check all that apply):

- ☐ Autism (1)
- ☐ Frail Elderly (2)
- ☐ Intellectual/ Developmental Disability (3)
- ☐ Physical Disability (8)
- ☐ Serious Emotional Disturbance (4)
- ☐ Technology Assisted (5)
- ☐ Traumatic Brain Injury (6)

Q21 The following best describes my organization's capacity:

- ☐ 3 people or fewer (1)
- ☐ 4 to 8 people (2)
- ☐ 9 people or more (3)

Q22 Settings that ARE Home and Community-Based must be integrated in and support full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. Home and Community Based Settings Must have the following characteristics: (please check all boxes that apply)

- ☐ Chosen by the individual from among setting options including non-disability specific settings (as well as an independent setting) and an option for a private unit in a residential setting. -Choice must be identified/included in the person-centered service plan -Choice must be based on the individual's needs, preferences, and, for residential settings, resources available for room and board. (1)
- ☐ Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint. (2)
- ☐ Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. (3)
- ☐ Facilitates individual choice regarding services and supports, and who provides them. (4)

Q23 For provider owned and controlled settings to be considered home and community-based settings, it must have these additional characteristics (please check all boxes that apply)

- ☐ The residential unit or location must be a specific physical place that can be owned, rented, or occupied under a legally enforceable

agreement by the individual receiving services-The individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. -If landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement for each HCBS participant that provides protections that address eviction processes and appeals comparable to those provided under the landlord tenant law. (1)

- ☐ Each individual has privacy in their sleeping or living unit: -Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors. -Individuals sharing units have a choice of roommates in that setting. -Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement. (2)
- ☐ Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time. (3)
- ☐ Individuals are able to have visitors of their choosing at at any time (4)
- ☐ The setting is physically accessible to the individual (5)

Q24 Settings that have the following two characteristics alone might, but will not necessarily, meet the criteria for having the effect of isolating individuals:

- ☐ The setting is designed specifically for people with disabilities, and often even for people with a certain type of disability. (1)
- ☐ The individuals in the setting are primarily or exclusively people with disabilities and on-site staff provides many services to them. (2)
- ☐ Not applicable to this setting (3)

Q25 Settings that isolate people receiving HCBS from the broader community may have any of the following characteristics:

- ☐ Setting is designed to provide disabled individuals with multiple types of services and activities on-site, including housing, day services, medical, behavioral/therapeutic services, or social and recreational activities. (1)
- ☐ People have limited, if any, interaction with the broader community. (2)
- ☐ Settings that use/authorize interventions/restrictions that are used in institutional settings or are deemed unacceptable in Medicaid Institutional settings (e.g. restraints and seclusion) (3)
- ☐ Not applicable to this setting (4)

Q26 Settings that are NOT Home and Community-Based include a nursing facility; an institution for mental disease; an intermediate care facility for individuals with intellectual disabilities; a hospital; or any other locations that have qualities of an institutional setting.

Q27 Settings that are Presumed to have the Qualities of an Institution:

- ☐ Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment. (1)
- ☐ Any setting that is located in a building on the grounds of, or immediately adjacent to a public institution; or (2)
- ☐ Any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS. (3)
- ☐ Not Applicable to this setting (4)

Q28 For Settings that currently do not meet HCBS characteristics (as identified in this section), but may be able to or believe the setting will comply with the Rule, the provider may request heightened scrutiny for determination of compliance and submission of evidence of HCBS.

- ☐ Yes, Heightened Scrutiny is requested for this setting (1)
- ☐ No, Heightened Scrutiny is not requested for this setting (2)

Q29 For settings that serve individuals who are receiving HCBS, the setting should have a person-centered service plan, and the following requirements must be documented in a person-centered service plan (such as a negotiated settlement agreement, person-centered support plan, individual behavior support plan, etc.):

- ☐ Identifies a specific and individualized assessed need. (1)
- ☐ Documents the positive interventions and supports used prior to any modifications to the person-centered service plan. (2)
- ☐ Documents less intrusive method that attempted to meet the need but didn't. (3)
- ☐ Includes a clear description of the condition that is directly proportionate to the specific assessed need (4)
- ☐ Includes regular collection and review of data to measure the ongoing effectiveness of the modification. (5)
- ☐ Includes established time limits for periodic reviews to determine if the modification is still necessary or can be terminated. (6)
- ☐ Includes the informed consent of the individual. (7)
- ☐ Includes assurances that interventions/supports cause no harm to the person. (8)

Q34 I attest the following best describes one or more types of settings in my organization:

- ☐ A setting located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, Institution for mental disease (1)
- ☐ A setting located in a building on the grounds of, or immediately adjacent to, a public institution Intermediate Care Facilities for Individuals with Intellectual Disabilities (2)
- ☐ A setting that is limited to individuals receiving Medicaid HCBS services and is not part of the broader community of individuals not receiving Medicaid HCBS (3)
- ☐ A setting that is designed specifically for individuals with disabilities or a certain type of disability (4)
- ☐ A setting that primarily or exclusively serves people with disabilities and on-site staff provides many services to them (5)

Q35 I attest the following best describes the characteristic of my organization. The setting is designed to provide people with disabilities multiple types of services and activities on-site, including housing, day services, medical, behavioral and therapeutic services, and/or social recreational activities.

- ☐ Yes (1)
- ☐ No (2)
- ☐ Partially, explain (3) _____

Q36 I attest the following best describes the characteristic of my organization.

- ☐ This setting DOES use/authorize interventions/restrictions that may be viewed as interventions used in institutional settings or are deemed unacceptable in Medicaid institutional settings (e.g. seclusion). (1)
- ☐ This setting DOES NOT use/authorize interventions/restrictions that may be viewed as interventions used in institutional settings or are deemed unacceptable in Medicaid institutional settings (e.g. seclusion). (2)

Q37 I attest the setting ensures an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint.

- ☐ Fully comply (1)
- ☐ Partially comply, explain (2) _____
- ☐ Do not comply (3)
- ☐ Not applicable (4)

Q38 I attest the setting optimizes individual initiative, autonomy, and independence in making life choices.

- ☐ Fully comply (1)
- ☐ Partially comply, explain (2) _____
- ☐ Do not comply (3)
- ☐ Not applicable (4)

Q39 I attest the setting facilitates individual choice regarding services and supports, and who provides them.

- ☐ Fully comply (1)
- ☐ Partially comply, explain (2) _____
- ☐ Do not comply (3)
- ☐ Not applicable (4)

Q40 I attest the setting provides opportunities to seek employment and work in competitive integrated settings.

- ☐ Fully comply (1)
- ☐ Partially comply, explain (2) _____
- ☐ Do not comply (3)
- ☐ Not applicable (4)

Q41 I attest the setting is integrated and supports access to the greater community.

- ☐ Fully comply (1)
- ☐ Partially comply, explain (2) _____
- ☐ Do not comply (3)
- ☐ Not applicable (4)

Q42 I attest the setting provides opportunities to engage in community life.

- ☐ Fully comply (1)
- ☐ Partially comply, explain (2) _____
- ☐ Do not comply (3)
- ☐ Not applicable (4)

Q43 I attest the setting provides opportunities to control personal resources.

- ☐ Fully comply (1)
- ☐ Partially comply, explain (2) _____
- ☐ Do not comply (3)
- ☐ Not applicable (4)

Q44 I attest the setting provides opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.

- ☐ Fully comply (1)
- ☐ Partially comply, explain (2) _____
- ☐ Do not comply (3)
- ☐ Not applicable (4)

Q45 I attest the setting is selected by the individual from among options including non-disability specific settings and a private unit in a residential setting.

- ☐ Fully comply (1)
- ☐ Partially comply, explain (2) _____
- ☐ Do not comply (3)
- ☐ Not applicable (4)

Q46 I attest if provider-owned or controlled, the setting provides a specific unit/dwelling that is owned, rented, or occupied under a legally enforceable agreement.

- ☐ Fully comply (1)
- ☐ Partially comply, explain (2) _____
- ☐ Do not comply (3)
- ☐ Not applicable (4)

Q47 If provider-owned or controlled, the setting provides the same responsibilities/protections from eviction as all tenants under landlord tenant law of state, county, city or other designated entity.

- ☐ Fully comply (1)
- ☐ Partially comply, explain (2) _____
- ☐ Do not comply (3)
- ☐ Not applicable (4)

Q48 I attest if the setting is provider-owned or controlled and the tenant laws do not apply, the state ensures that a lease, residency agreement or other written agreement is in place providing protections to address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.

- ☐ Fully comply (1)
- ☐ Partially comply, explain (2) _____
- ☐ Do not comply (3)
- ☐ Not applicable (4)

Q49 I attest if provider-owned or controlled, the setting provides that each individual has privacy in their sleeping or living unit.

- ☐ Fully comply (1)
- ☐ Partially comply, explain (2) _____
- ☐ Do not comply (3)
- ☐ Not applicable (4)

Q50 I attest if provider-owned or controlled, the setting provides units with lockable entrance doors, with appropriate staff having keys to doors as needed.

- ☐ Fully comply (1)
- ☐ Partially comply, explain (2) _____
- ☐ Do not comply (3)
- ☐ Not applicable (4)

Q51 If provider-owned or controlled, the setting provides individuals who are sharing units with a choice of roommates.

- ☐ Fully comply (1)
- ☐ Partially comply, explain (2) _____
- ☐ Do not comply (3)
- ☐ Not applicable (4)

Q52 I attest if provider-owned or controlled, the setting provides individuals with the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.

- ☐ Fully comply (1)
- ☐ Partially comply, explain (2) _____
- ☐ Do not comply (3)
- ☐ Not applicable (4)

Q53 I attest if provider-owned or controlled, the setting provides individuals with the freedom and support to control their schedules and have access to food any time.

- ☐ Fully comply (1)
- ☐ Partially comply, explain (2) _____
- ☐ Do not comply (3)
- ☐ Not applicable (4)

Q54 I attest if provider-owned or controlled, the setting allows individuals to have visitors at any time.

- ☐ Fully comply (1)
- ☐ Partially comply, explain (2) _____
- ☐ Do not comply (3)
- ☐ Not applicable (4)

Q55 I attest if provider-owned or controlled, the setting is physically accessible to the individual.

- ☐ Fully comply (1)
- ☐ Partially comply, explain (2) _____
- ☐ Do not comply (3)
- ☐ Not applicable (4)

Q56 Based on the HCBS Final Rule, provide a short summary of your organization's assessment of compliance with the final rule:

Q57 Attestation

Q58 Name of Provider:

Q59 Name of the individual who completed Assessment:

Q60 Date of Assessment:

Q61 The person who completed the survey must initial on the line under each statement.

Q62 I completed the attached Assessment on the date specified above.

Q63 I had an opportunity to explain any difficulties or work on any problems that I related to using a computer or electronic device prior to completing the Assessment electronically.

Q64 I certify that I carefully read the Assessment and understood what was being asked of me before I provided answers.

Q65 I reviewed my answers before finishing the Assessment to ensure that I answered all questions.

Q66 All answers provided within the Assessment are accurate and truthful to the best of my knowledge.

Q67 I understand that, in the future, I may be asked to complete an in-person interview.

Q68 Only initial this question if you are not the provider. I am not the provider, however I certify that I was granted permission by the provider to complete this Assessment on his/her behalf prior to the Assessment being completed.

Q69 You must place your signature and date on the line below this next statement before submitting this form. I certify, under penalty of perjury, that all statements made on this page are accurate and truthful. I further certify that I understood all statements on this page before placing my initials next to the statements.

Signature (1)

Date: (2)

Q70 If you need to complete another survey for a different type of setting, please use the same link to start over. You may take this survey as many times as needed. Again, it is ESSENTIAL that you fill out a separate survey for each type of setting your organization controls, owns or operates. Be sure to click the >> button at the lower right corner of this page to submit this survey and you will be redirected to the KDADS website. Thank you.

The On-Site Assessment Process

Summary for Onsite Assessment Teams

Who will be assessed?

A list of settings for onsite assessment will be comprised of:

- Settings where an onsite assessment is requested by the provider,
- Onsite assessment is required for heightened scrutiny, and
- A validation sample of providers who attested to being compliant.

Who will do the assessments?

Assessments will be completed by teams of 2-3 assessors. Ideally each team will include one KDADS Staff, one self-advocate, and one HCBS provider, composition may vary based on the availability of volunteers. Whenever possible teams will be located in the same geographic area and assess settings in their geographic area.

Qualified volunteers not assigned to a team may be used as alternates where needed.

Whenever possible, volunteer assessors will complete settings for Waivers different from the one(s) they directly work with. Where this is not possible, at minimum assessors (aside from KDADS staff) will not assess sites in their service area or they are in direct competition with.

How do we know who we're assessing?

- KDADS will notify each team of the setting(s) they will assess by email. This email will include the provider name, contact information, addresses associated with the setting, and setting type.
- KDADS Staff will notify the provider that they were selected for validation and the name/contact information for the KDADS staff assigned to complete the assessment.

How is the assessment scheduled?

- The assigned team will be responsible for scheduling the onsite assessment.
- If a team member is not available to participate, an alternate may be used. KDADS staff will decide what alternate to use.
- If you aren't able to participate in an assessment, please let the State Staff on your team know as soon as you can!
- The KDADS staff assigned to the team will take the lead in scheduling and organizing the onsite assessment and communicating with the other team members and notifying the provider of the date and time the team plan to complete the assessment. If there is more than one address associated with the setting, the KDADS Staff will also let the provider know what location they will be reviewing.
 - A standard notification email will be developed for KDADS Staff to use for this notification, it will include what information the team needs to see so that this information is readily available at the time of the onsite assessment.

B.4. Onsite Assessment Tools



- ☐ Onsite Review
☐ Participant Interview
☐ Document Review

HCBS Final Rule Onsite Assessment

Date: _____

Assessor Name: _____

Assessor Organization (?): _____

Provider Name: _____

Service Address: _____

HCBS Population:

- ☐ Autism ☐ Frail Elderly (FE) ☐ Intellectual or Developmental Disability (IDD) ☐ Physical Disability (PD)
☐ Technology Assisted (TA) ☐ Traumatic Brain Injury (TBI) ☐ Serious Emotional Disturbance (SED)
 (check all that apply)

Setting Type: ☐ Residential ☐ Non-Residential

- Residential: participant's own home, family home, or provider owned and operated setting in which the consumer resides.
- Non-Residential: a setting separate from the participant's private residence or other residential living arrangement.

Document Review (policies, procedures, and regulations)				
CMS Assurances	Review	Data Source - in development	Determination	Notes/Comment
Setting optimizes individual initiative, autonomy, and independent in making life choices; Participant has his/her own bedroom or shares a room with a roommate of choice	1. Per policy/regulation, is the participant provided the opportunity to reside in their own bedroom or select their roommate(s) and furnish their living arrangement to their preference?		<input type="checkbox"/> Yes <input type="checkbox"/> No	This is the preferred format for the remaining question.
Setting does not isolate participants from individuals not receiving Medicaid HCBS in the broader	2. Per policy/regulation, is the participant provided the opportunity for visitors to come at		<input type="checkbox"/> Yes <input type="checkbox"/> No	

community	his/her preference without limitations to the specified hours (as long as the health and welfare of the participant is not compromised as identified in the person-centered plan)?			
Participant has unrestricted access in the setting	3. Per policy/regulation, is the participant provided the opportunity for accessing any area in the setting (excluding areas that would serve a safety hazard or would interfere with the privacy of other participants)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setting supports participant comfort, independence, and preferences	4. Per policy/regulation, is the participant provided the opportunity to have access to basic household equipment as identified in the person-center plan (i.e., kitchen appliances)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant has a legally enforceable agreement for the unit or dwelling where the participants resides	5. Per policy/regulation, is the participant provided the opportunity to have a legally enforceable agreement/lease for the setting?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant is protected from eviction and afforded appeals rights in the same manner as all persons in the Sate who are not receiving Medicaid HCBS	6. Per policy/regulation, is the participant provided the opportunity to know his/her rights regarding housing and when they could be required to relocate?			
Participant is protected from eviction and afforded appeals rights in the same manner as all persons in the Sate who are not receiving Medicaid HCBS	7. Per policy/regulation, is the participant provided the opportunity for protections to address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant laws?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participants have full access to the	8. Per policy/regulation, is the		<input type="checkbox"/> Yes <input type="checkbox"/> No	

community; Setting support participation in unscheduled and scheduled community activities in the same manner as individuals not receiving Medicaid HCB services; Participant is employed or active in the community outside the setting	participant provides the opportunity to schedule and attend activities/appointments (work, social, medical, etc.) at their preference?			
Participants have full access to the community; Setting support participation in unscheduled and scheduled community activities in the same manner as individuals not receiving Medicaid HCB services; Participant is employed or active in the community outside the setting	9. Per policy/regulation, is the participant provides the opportunity to access services and support that will help gain access to the larger community (i.e., public transportation)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant chooses and controls a schedule that meets his/her wishes in accordance with a person-centered plan	10. Per policy/regulation, is the participant provided the opportunity to set his/her own schedule for waking, bathing, eating, exercising, activities, etc.?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant controls his/her personal resources	11. Per policy/regulation, is the participant provided opportunity to control their own personal resources?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant's right to dignity and privacy is respected	12. Per policy/regulation, is the participant provided the opportunity to store personal items in an area that is not accessible to others?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant's right to dignity and privacy is respected	13. Per policy/regulation, is the participant provided the opportunity to lock his/her door and maintain private living areas?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant's right to dignity and privacy is respected	14. Per policy/regulation, are the participant's right to dignity and		<input type="checkbox"/> Yes <input type="checkbox"/> No	

	privacy is respected?			
Participant chooses when and what to eat	15. Per policy/regulation, is the participant provided the opportunity to select the meal of his/her preference?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant chooses when and what to eat	16. Per policy/regulation, is the participant provided the opportunity to select the time he/she prefers to eat?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant chooses with whom to eat or to eat alone	17. Per policy/regulation, is the participant provided the opportunity to select with whom he/she prefers to eat?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant has access to make private telephone calls/text/email at the participant's preference and convenience	18. Per policy/regulation, is the participant provided the opportunity to make private phone calls/text/email at his/her preference?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participants are free from coercion	19. Per policy/regulation, is the participant provided the opportunity to be educated on the process for filing a complaint?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setting meets the needs of the participants who require supports and is physically accessible to the participants	20. Per policy/regulation, is the participant provides the extra support needed as identified on the person-centered service plan (i.e., ramps, grab bars, etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participants who need assistance to dress are dressed in their own clothes appropriate for the time and individual preference	21. Per policy/regulation, is the participant provided the opportunity to receive assistance with tasks appropriately and according to preference?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participants has privacy in their sleeping space and toileting facility	22. Per policy/regulation, is the participant provided the opportunity to access locked areas for privacy?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Person-Centered Service Process or Plan				
CMS Assurances	Review	Data Source	Determination	Notes/Comment
Setting was selected by the participant	1. PCSP provides opportunity for the participant to get a choice in available options regarding where to live/receive services.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant chooses from whom they receive services and supports	2. PCSP provides opportunity for the participant to get a choice of service provider		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant chooses from whom they receive services and supports	3. PCSP provides opportunity for the participant to be educate on how to request a change in provider		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant, or representative, has an active role in the development and update of the person-centered plan	4. PCSP provides opportunity for the participant to express individuals that are important to the participant and may visit the residential settings		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant is employed or active in the community outside of the setting	5. PCSP provides opportunity for the participant to explore option for employment in the community		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Plan supports participant's comfort, independence, and preferences; Participant/representative has an active role in the development and update of the person-centered plan	6. PCSP provides opportunity to reflect participant's needs and preferences		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Plan optimizes participant's comfort, independence, and preferences; Plan documents participant's choice of roommate	7. PCSP provides opportunity for the participant to request a change of roommate		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Plan documents participant's control over his/her resources	8. PCSP providers opportunity to document if the participant has a payee to handle financial tasks		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant chooses when and what to eat; Participant chooses with whom to eat or to eat alone	9. PCSP provides opportunity to reflect the participant's preferences related to food and eating arrangements		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Plan documents the needs of the participant who require supports and ensures the setting is physically accessible to the participants	10. PCSP provides opportunity to reflect the additional support needs of the participant (i.e., grab bars, wheelchair ramps, etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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Consumer Interview				
CMS Assurances	Requirement	Data Source	Observation	Notes/Comment
Individual chooses from whom they receive services and supports	1. Were you given the choice of several service providers?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setting was selected by the participant	2. Did you select to reside in your current setting?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant choices are incorporated into the services and supports received; Participant chooses from whom they receive services and supports	3. Are you satisfied with the services you are receiving?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant, or representative, has an active role in the development and update of the person-centered plan	4. Did you or a representative participate in the person-centered service plan process?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setting and plan meet the needs of the participant who require supports and is physically accessible to the participant	5. If needed, do you have access to additional supports such as wheelchair ramps, grab bars, etc.?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant chooses from whom they receive services and supports	6. Do you know how to request a different provider if you are not satisfied with your services?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setting does not isolate participants from individuals not receiving Medicaid HCBS in the broader community	7. Can you have people come and visit you in your home?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setting supports participant comfort, independence, and preferences	8. Can people come and visit you at any time?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participants furnish and decorate their sleeping and/or living units in the way that suits them	9. Were you able to decorate your room the way you wanted?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant has his/her own bedroom	10. Did you get the option to		<input type="checkbox"/> Yes <input type="checkbox"/> No	

or shares a room with a roommate of choice	request your own bedroom or choose your roommate?			
	11. Do you know how to request a change in room/roommate?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant has unrestricted access in the setting	12. Can you go into any area of the building?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant has unscheduled and scheduled community activities in the same manner as individuals not receiving Medicaid HCB services	13. Do you go shopping for your clothes, food, personal items, etc.?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setting supports individual comfort, independence, and preferences	14. Do you get to pick where you shop for the items?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participants who need assistance to dress are dressed in their own clothes appropriate for the time and individual preference	15. If needed, do you get help completing tasks to be appropriately clothed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participants who need assistance to dress are dressed in their own clothes appropriate for the time and individual preference	16. If needed, do you get assistance with cleaning your clothes?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participants who need assistance to dress are dressed in their own clothes appropriate for the time and individual preference	17. Do you get to select the clothes you wear each day?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant is employed or active in the community outside the setting	18. Are you employed? a. Do you work in the community?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant has full access to the community; Setting supports individual comfort, independence, and preferences; Participant is employed or active in the community outside of the setting	19. Do you get the option to go to church?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant has full access to the community; Setting supports individual comfort, independence, and preferences;	20. Do you get to choose whether you go to church on the weekend or during the week?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Participant is employed or active in the community outside of the setting				
Setting supports individual comfort, independence, and preferences; Participant chooses and controls a scheduled that meets his/her wishes in accordance with a person-centered plan	21. Do you get to pick the activities you would like to do?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Individual chooses and controls a scheduled that meets his/her wishes in accordance with a person-centered plan	22. Do you have scheduled times for group activities or appointments?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setting supports individual comfort, independence, and preferences; Participant chooses and controls a scheduled that meets his/her wishes in accordance with a person-centered plan	23. Do you get to help decide when you do the activities?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setting supports individual comfort, independence, and preferences	24. Did you get to pick your doctor?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setting supports individual comfort, independence, and preferences; Participant chooses and controls a scheduled that meets his/her wishes in accordance with a person-centered plan	25. Do you get to decide when you go to the doctor for an appointment?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setting supports individual comfort, independence, and preferences; Participant has full access to the community	26. Do you have the ability to come and go from your home?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setting supports individual comfort, independence, and preferences	27. Do you have access to basic household equipment as identified in the person-center plan (i.e., kitchen appliances)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant chooses when and what to eat	28. Do you have to eat at a scheduled time?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant chooses when and what to	29. Do you get the option to select		<input type="checkbox"/> Yes <input type="checkbox"/> No	

eat	what you want to eat?			
Participant chooses with whom to eat or to eat alone	30. Do you have an assigned seat in the dining area/cafeteria?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant controls his/her personal resources	31. Do you have a checking or savings account?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant controls his/her personal resources	32. Do you have a payee?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant controls his/her personal resources	33. Do you have access to the money in your account(s)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant's right to dignity and privacy is respected	34. Do you have a room where you can lock your personal items?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant's right to dignity and privacy is respected	35. Can other people in your home get into the room with your personal items?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participants has privacy in their sleeping space and toileting facility	36. Do you have a lock on your bedroom door?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participants has privacy in their sleeping space and toileting facility	37. Do you have a lock on a bathroom door for privacy?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participants are free from coercion	38. Do you know who you can call if you have an issue or problem with the staff at the setting?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participants are free from coercion	39. Do the staff talk to you about your right to file a complaint?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant's rights to dignity and privacy is respected; Staff communicates with participants in a dignified manner	40. Do you feel that you are treated with dignity and respect by the staff?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant is protected from eviction and afforded appeals rights in the same manner as all persons in the State who are not receiving Medicaid HCBS	41. Do you know what your rights and responsibilities are for the setting?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant is protected from eviction and afforded appeals rights in the same manner as all persons in the State who are not receiving Medicaid HCBS	42. Do you know what your appeal rights are if you are evicted from the setting?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant is protected from eviction and afforded appeals rights in the same	43. Do you know who to call if you are being evicted?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

manner as all persons in the State who are not receiving Medicaid HCBS				
--	--	--	--	--

Onsite Observation				
CMS Assurances	Requirement		Observation	Notes/Comment
Participants have full access to the community	1. Are there any barriers blocking or limiting access to the setting?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setting does not isolate participants from individuals not receiving Medicaid HCBS in the broader community	2. Does the setting have posted visitation hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant has unrestricted access in the setting	3. Are there locked doors preventing participants from accessing certain areas of the setting?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setting supports participation in unscheduled and scheduled community activities in the same manner as individuals not receiving Medicaid HCB services; Participant is employed or active in the community outside of the setting	4. Are community activities or resources posted at the setting (i.e., community board)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant's right to dignity and privacy are respected	5. Are participant schedules (i.e., therapy hours) posted and available for view by multiple individuals?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant's right to dignity and privacy are respected	6. Is there a lock on the participant's bedroom door?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant's right to dignity and privacy are respected	7. Is there a lock on the participant's bathroom door?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant chooses with whom to eat or to eat alone	8. Are there assigned names in the dining area/cafeteria or a seating chart posted at the setting?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant chooses when and what to eat	9. Is there a meal time schedule posted at the setting?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant chooses when and what to	10. Is there more than one meal		<input type="checkbox"/> Yes <input type="checkbox"/> No	

eat	option available to the participant?			
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- ☐ Onsite Review
- ☐ Participant Interview
- ☐ Document Review

HCBS Final Rule Onsite Assessment Non-Residential Settings

Date: _____

Assessor Name: _____

Assessor Organization (?): _____

Provider Name: _____

Service Address: _____

HCBS Population:

- ☐ Autism ☐ Frail Elderly (FE) ☐ Intellectual or Developmental Disability (IDD) ☐ Physical Disability (PD)
- ☐ Technology Assisted (TA) ☐ Traumatic Brain Injury (TBI) ☐ Serious Emotional Disturbance (SED)

Setting Type: Non-Residential – A setting separate from the participant’s private residence or other residential living arrangement.

- ☐ Adult Daycare (FE)
- ☐ Day Service – Unpaid activity/life skills (IDD)
- ☐ Sheltered workshop, enclave or other non-integrated paid employment (IDD)
- ☐ Home-based day services (IDD)
- ☐ Other non-residential setting _____

Document Review (policies, procedures, and regulations)				
CMS Assurances	Review	Data Source	Determination	Notes/Comment
Setting optimizes individual initiative, autonomy, and independent in making life choices;	1. Per policy/regulation, is the participant provided the opportunity to choose with whom to do activities in the setting?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setting does not isolate participants from individuals not receiving Medicaid HCBS in the broader community	2. Per policy/regulation, does the setting afford opportunities for individuals to have knowledge of or access to information regarding age-appropriate activities including competitive work, shopping, attending religious services, medical appointments, dining out, etc. outside of the setting, and who in the setting will facilitate and support access to these activities?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant has unrestricted access in the setting	3. Per policy/regulation, is the participant provided the opportunity for accessing any area in the setting (excluding areas that would serve a safety hazard or would interfere with the privacy of other participants)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setting supports participant comfort, independence, and preferences	4. Per policy/regulation, does the setting afford the opportunity for tasks and activities matched to individuals' skills, abilities and desires?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant has a legally enforceable agreement for the unit or dwelling where the participants resides	5. Per policy/regulation, is the participant provided the opportunity to have a legally			

	enforceable agreement/lease for the setting?			
Participant is protected from eviction and afforded appeals rights in the same manner as all persons in the State who are not receiving Medicaid HCBS	6. Per policy/regulation, is the participant provided the opportunity to know his/her rights regarding housing and when they could be required to relocate?			
Participant is protected from eviction and afforded appeals rights in the same manner as all persons in the State who are not receiving Medicaid HCBS	7. Per policy/regulation, is the participant provided the opportunity for protections to address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant laws?			
Participants have full access to the community; Setting support participation in unscheduled and scheduled community activities in the same manner as individuals not receiving Medicaid HCB services; Participant is employed or active in the community outside the setting	8. Per policy/regulation, is the participant provided the opportunity to schedule and attend activities/appointments (work, social, medical, etc.) at their preference? For example, an absence for vacation or to attend a doctor's appointment.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participants have full access to the community; Setting support participation in unscheduled and scheduled community activities in the same manner as individuals not receiving Medicaid HCB services; Participant is employed or active in the community outside the setting	9. Per policy/regulation, does the setting provide opportunities for regular meaningful non-work activities in integrated community settings for the period of time desired by the individual?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant chooses and controls a schedule that meets his/her wishes in accordance with a person-centered	10. Per policy/regulation, is the participant provided the opportunity to set his/her own		<input type="checkbox"/> Yes <input type="checkbox"/> No	

plan	schedule for activities.?			
Participant controls his/her personal resources	11. Per policy/regulation, is the participant provided opportunity to control their own personal resources?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant's right to dignity and privacy is respected	12. Per policy/regulation, is the participant provided the opportunity to store personal items in an area that is not accessible to others?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant's right to dignity and privacy is respected	13. Per policy/regulation, is all information about individuals kept private?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant's right to dignity and privacy is respected	14. Per policy/regulation, are the participant's right to dignity and privacy is respected?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant chooses when and what to eat	15. Per policy/regulation, is the participant provided the opportunity to select the meal of his/her preference?			
Participant chooses when and what to eat	16. Per policy/regulation, is the participant provided the opportunity to select the time he/she prefers to eat?			
Participant chooses with whom to eat or to eat alone	17. Per policy/regulation, is the participant provided the opportunity to select with whom he/she prefers to eat?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant has access to make private telephone calls/text/email at the participant's preference and convenience	18. Per policy/regulation, is the participant provided the opportunity to make private phone calls/text/email at his/her preference?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participants are free from coercion	19. Per policy/regulation, is the participant provided the opportunity to be educated on the process for filing a complaint?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Setting meets the needs of the participants who require supports and is physically accessible to the participants	20. Per policy/regulation, is the participant provided the extra support needed as identified on the person-centered service plan (i.e., ramps, grab bars, etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participants who need assistance to dress are dressed in their own clothes appropriate for the time and individual preference	21. Per policy/regulation, is the participant provided the opportunity to receive assistance with tasks appropriately and according to preference?			
Participants has privacy in the toileting facility	22. Per policy/regulation, is the participant provided the opportunity to access locked areas for privacy?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Person-Centered Service Process or Plan				
CMS Assurances	Review	Data Source	Determination	Notes/Comment
Setting was selected by the participant	1. PCSP provides opportunity for the participant to get a choice in available options regarding where to receive services.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant chooses from whom they receive services and supports	2. PCSP provides opportunity for the participant to get a choice of service provider		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant chooses from whom they receive services and supports	3. PCSP provides opportunity for the participant to be educate on how to request a change in provider.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant, or representative, has an active role in the development and update of the person-centered plan	4. PCSP provides opportunity for the participant to express individuals that are important to the participant and may visit the residential settings		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant is employed or active in the community outside of the setting	5. PCSP provides opportunity for the participant to explore option for employment in the community		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Plan supports participant's comfort,	6. PCSP provides opportunity to		<input type="checkbox"/> Yes <input type="checkbox"/> No	

independence, and preferences; Participant/representative has an active role in the development and update of the person-centered plan	reflect participant's needs and preferences			
Plan optimizes participant's comfort, independence, and preferences; Plan documents participant's choice of roommate	7. PCSP provides opportunity for the participant to request a change of roommate			
Plan documents participant's control over his/her resources	8. PCSP provides opportunity to document if the participant has a payee to handle financial tasks		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant chooses when and what to eat; Participant chooses with whom to eat or to eat alone	9. PCSP provides opportunity to reflect the participant's preferences related to food and eating arrangements		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Plan documents the needs of the participant who require supports and ensures the setting is physically accessible to the participants	10. PCSP provides opportunity to reflect the additional support needs of the participant (i.e., grab bars, wheelchair ramps, etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Consumer Interview				
CMS Assurances	Review	Data Source	Determination	Notes/Comment
Individual chooses from whom they receive services and supports	1. Were you given the choice of several service providers?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setting was selected by the participant	2. Did you select to attend your current setting?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant choices are incorporated into the services and supports received; Participant chooses from whom they receive services and supports	3. Are you satisfied with the services you are receiving?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant, or representative, has an active role in the development and update of the person-centered plan	4. Did you or a representative participate in the person-centered service plan process?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setting and plan meet the needs of the participant who require supports and is	5. If needed, do you have access to additional supports such as		<input type="checkbox"/> Yes <input type="checkbox"/> No	

physically accessible to the participant	wheelchair ramps, grab bars, etc.?			
Participant chooses from whom they receive services and supports	6. Do you know how to request a different provider if you are not satisfied with your services?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setting does not isolate participants from individuals not receiving Medicaid HCBS in the broader community	7. Do people who don't work here visit sometimes?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setting supports participant comfort, independence, and preferences	8. Do you decide what to do during the day?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participants furnish and decorate their sleeping and/or living units in the way that suits them	9. Were you able to decorate your room the way you wanted?			
Participant has his/her own bedroom or shares a room with a roommate of choice	10. Did you get the option to request your own bedroom or choose your roommate?			
	11. Do you know how to request a change in room/roommate?			
Participant has unrestricted access in the setting	12. Can you go into any area of the building (excluding areas that would serve a safety hazard or would interfere with the privacy of other participants)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant has unscheduled and scheduled community activities in the same manner as individuals not receiving Medicaid HCB services	13. Can you go into the community or to other places during the day?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setting supports individual comfort, independence, and preferences	14. Do you get to choose what activities you do for day service? Did you decide to come to (location)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participants who need assistance to dress are dressed in their own clothes appropriate for the time and individual preference	15. If needed, do you get help completing tasks to be appropriately clothed?			
Participants who need assistance to	16. If needed, do you get assistance			

dress are dressed in their own clothes appropriate for the time and individual preference	with cleaning your clothes?			
Participants who need assistance to dress are dressed in their own clothes appropriate for the time and individual preference	17. Do you get to select the clothes you wear each day?			
Participant is employed or active in the community outside the setting	18. Are you employed? a. Do you work in the community?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant has full access to the community; Setting supports individual comfort, independence, and preferences; Participant is employed or active in the community outside of the setting	19. Do you know how to use public transportation (if available)? Would someone help you learn?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant has full access to the community; Setting supports individual comfort, independence, and preferences;	20. Do you leave day services sometimes?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setting supports individual comfort, independence, and preferences; Participant chooses and controls a scheduled that meets his/her wishes in accordance with a person-centered plan	21. Do you get to pick the activities you would like to do?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Individual chooses and controls a scheduled that meets his/her wishes in accordance with a person-centered plan	22. Do you have scheduled times for group activities or appointments?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setting supports individual comfort, independence, and preferences; Participant chooses and controls a scheduled that meets his/her wishes in accordance with a person-centered plan	23. Do you get to help decide when you do the activities?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Setting supports individual comfort, independence, and preferences	24. Did you get to pick your doctor?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setting supports individual comfort, independence, and preferences; Participant chooses and controls a scheduled that meets his/her wishes in accordance with a person-centered plan	25. Do you get to decide when you go to the doctor for an appointment?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setting supports individual comfort, independence, and preferences; Participant has full access to the community	26. Do you have the ability to come and go from the day setting?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setting supports individual comfort, independence, and preferences	27. Do you know who to talk to if you want to change what you do during the day?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant chooses when and what to eat	28. Do you have to eat at a scheduled time?			
Participant chooses when and what to eat	29. Do you get the option to select what you want to eat?			
Participant chooses with whom to eat or to eat alone	30. Do you have an assigned seat in the dining area/cafeteria?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant controls his/her personal resources	31. Do you have a checking or savings account?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant controls his/her personal resources	32. Do you have a payee?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant controls his/her personal resources	33. Do you have access to the money in your account(s)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant's right to dignity and privacy is respected	34. Do you have somewhere that you can lock your personal items?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant's right to dignity and privacy is respected	35. Can other people get into the space with your personal items?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participants has privacy in their sleeping space and toileting facility	36. Do you have a lock on your bedroom door?			
Participants has privacy in their sleeping space and toileting facility	37. Does the bathroom door have a lock?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participants are free from coercion	38. Do you know who you can call if you have an issue or problem with		<input type="checkbox"/> Yes <input type="checkbox"/> No	

	the staff at the setting?			
Participants are free from coercion	39. Do the staff talk to you about your right to file a complaint?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant's rights to dignity and privacy is respected; Staff communicates with participants in a dignified manner	40. Do you feel that you are treated with dignity and respect by the staff?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant is protected from eviction and afforded appeals rights in the same manner as all persons in the State who are not receiving Medicaid HCBS	41. Do you know what your rights and responsibilities are for the setting?			
Participant is protected from eviction and afforded appeals rights in the same manner as all persons in the State who are not receiving Medicaid HCBS	42. Do you know what your appeal rights are if you are evicted from the setting?			
Participant is protected from eviction and afforded appeals rights in the same manner as all persons in the State who are not receiving Medicaid HCBS	43. Do you know who to call if you are being evicted?			

Onsite Observation				
CMS Assurances	Review	Data Source	Determination	Notes/Comment
Participants have full access to the community	1. Is there evidence that there is opportunity for regular interaction with the broader community?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setting does not isolate participants from individuals not receiving Medicaid HCBS in the broader community	2. Is there evidence that outside visitors (not paid staff) are/have been present?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant has unrestricted access in the setting	3. Are there locked doors preventing participants from accessing certain areas of the setting (excluding areas that would serve a safety hazard or would interfere with the privacy of other participants)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setting supports participation in	4. Are community activities or		<input type="checkbox"/> Yes <input type="checkbox"/> No	

unscheduled and scheduled community activities in the same manner as individuals not receiving Medicaid HCB services; Participant is employed or active in the community outside of the setting	resources posted at the setting (i.e., community board)?			
Participant's right to dignity and privacy are respected	5. Are participant schedules (i.e., therapy hours) posted and available for view by multiple individuals?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant's right to dignity and privacy are respected	6. Do staff speak appropriately and respectfully to person's served?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant's right to dignity and privacy are respected	7. Is there a lock on the facility's bathroom door?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant chooses with whom to eat or to eat alone	8. Are there assigned names in the dining area/cafeteria or a seating chart posted at the setting?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant chooses when and what to eat	9. Is there a meal time schedule posted at the setting?			
Participant chooses when and what to eat	10. Is there more than one meal option available to the participant?			

Onsite Assessment Training Invitation

Home and Community Based Services
Commission
New England Building
503 South Kansas Avenue
Topeka, KS 66603-3404



Phone: (785) 296-3537
Fax: (785) 296-0256
wwwmail@kdads.ks.gov
www.kdads.ks.gov

Timothy Keck, Interim Secretary
Brandt K. Haehn, Commissioner

Sam Brownback, Governor

Dear Stakeholder,

As you may know KDADS is in the process of assessing our compliance with the HCBS Settings Final Rule from CMS. We will soon begin the process of completing onsite assessments of settings and are seeking volunteers to work on teams with KDADS Survey and Credentialing staff to complete these assessments. Volunteers must have knowledge of at least one HCBS Waiver and attend the one day training on July 7, 2016 for completing onsite assessments. The draft process and methodology is attached and may help answer questions you have.

More information about the HCBS Settings Final Rule is available on our website at:
[http://www.kdads.ks.gov/commissions/home-community-based-services-\(hcbs\)/hcbs-waivers](http://www.kdads.ks.gov/commissions/home-community-based-services-(hcbs)/hcbs-waivers)

Final Rule Onsite Assessment Training

Thursday July 7, 2016
9:30 am - 3:30 pm
Holiday Inn
3145 S. 9th Street
Salina, KS

Training will include:

Why we are doing this?

- An overview of the HCBS Settings Final Rule

What are we doing?

- The Onsite Assessment Tool
- The Onsite Assessment Process

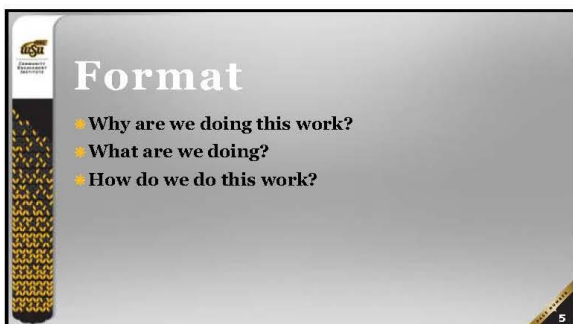
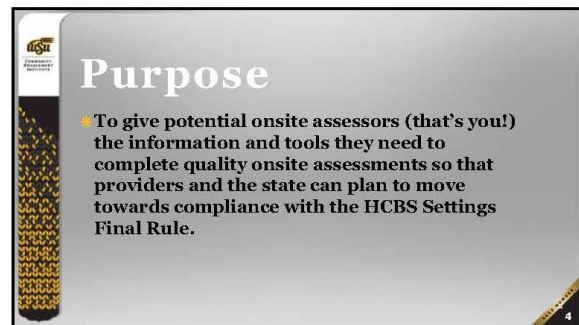
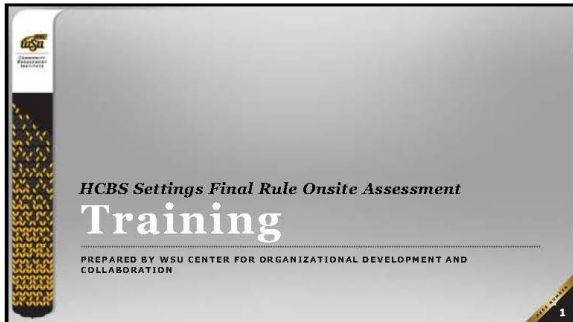
How do I do this work?

- Confidentiality, HIPAA/PHI Assessment
- Rights and Responsibilities Agreement
- Mandated Reporting/ANE
- Waiver Acronyms, Terms, & Services
- Interviewing Tips
- Onsite Assessment Logistics

Registration for this training is required as seating is limited. Please reserve your spot by email to HCBS-KS@kdads.ks.gov by July 5, 2016.

June 29, 2016

Page 1 of 1



Compliance by...

March 2019

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

7

Requirements for All HCBS Settings

- Integration
- Choice
- Independence
- Rights

8

Provider-owned & Controlled Residential Settings also must:

- Lease/rental agreement
- Privacy
- Autonomy
- Accessible

9

Heightened Scrutiny

- Assumed NOT community based until proven otherwise
- Examples:
 - Disability specific communities
 - Adult day care provided in a wing of a nursing home

10

Non HCBS Settings


- Don't have to meet Final Rule requirements
- Examples:
 - Hospitals
 - Nursing facilities
 - ICF/IDs

11

Statewide Transition Plan

- Each state's plan to
 - Review current compliance
 - Come into full compliance (remediation)
 - Assure ongoing compliance

12



Determining Compliance

- **Systemic Assessment-**
 - how well do our policies, statutes, and manuals comply?
- **Site Specific Assessment-**
 - how many of our settings are compliant? How many can comply?
- **Due July 31, 2016**


13



Site-Specific Assessment

- **Levels of Compliance**
 - Fully Compliant
 - Can Comply
 - Heightened Scrutiny
 - Unable to comply


14



After the Assessment

- **Report results to CMS**
- **Update Statewide Transition Plan to comply**
- **Start gathering/submitted heightened scrutiny information**


15



Remediation

- **Systemic changes**
- **Settings changes**
 - State
 - Provider
- **Relocation**


16



Settings Receiving Onsite Assessment

- **Heightened Scrutiny**
- **Provider Request**
- **Sample of those attested to be compliant**


17



Settings Not Receiving Onsite Assessment

- **Non HCBS Settings**
- **Those who attested to being non/partial compliant**
- **Settings presumed to comply**

18



Summary


- CMS wants to assure settings are community based
- Settings have to comply or lose HCBS funding
- Kansas has to ensure settings comply
- You are generously offering your time and skills to help Kansas move forward
- We need to move quickly!

19



What Are We Doing?

20



Scheduling Assessments

- Assessors will be assigned to a team of 2-3.
- Teams will schedule and complete the onsite assessment(s) of the setting(s) you're assigned.
- KDADS Staff on your team will notify the provider


21



Completing the Assessment

- Review policy/procedures
- Review PCSP
- Consumer Interview
- Onsite Observation


22



After the Assessment

- The KDADS staff on your team will submit your completed tool to the KDADS QA Program Manager.
- KDADS will follow up with the provider regarding their compliance status


23



Assessment Tool

- CMS Assurance
- What question you're answering
- Data source
- Determination
- Notes


24



Assessment Tool

- Document Review
- PCSP Review
- Consumer Interview
- Onsite Observation

25



Summary

- KDADS will assign assessments to teams
- Teams will schedule and complete assessments including policy & procedure, onsite observation, PCSP review, and consumer interview
- Completed assessments will be submitted to KDADS QA Program Manager
- KDADS QA Program Manager and HCBS Manager will review assessments and follow up with providers.

26



Questions? Discussion?

27



Does It Comply?

28



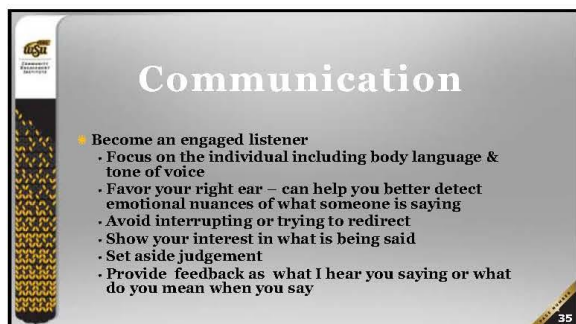
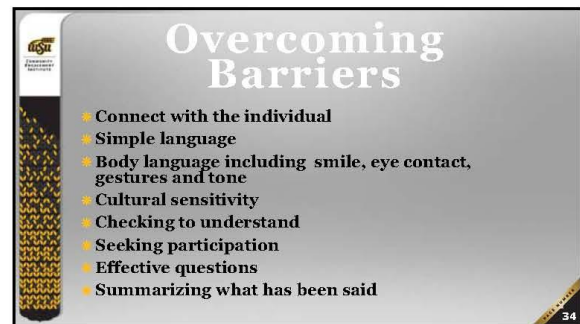
Lunch Time


29



Paperwork Questions Discussion

30






Pay attention to non-verbal signals

- Be aware of individual differences
- Tips to improve how you deliver nonverbal communication
 - You can't say yes while shaking your head no
 - The tone of your voice
 - Use body language to convey positive feelings

37



Person first language

Do the words used to describe *you* have an impact on your life? **CERTAINLY THEY DO.** Contrary to the age-old "sticks and stones" lesson we learned as children, *words do matter!*

38



Respect and dignity

- Puts the person first, not the condition.
- Use person first language
- Do not refer to the person by diagnosis


39



Person First Examples

- My son has autism
- He uses a wheelchair
- She has a short stature
- He has no speech
- Accessible parking

40



Helpful tips

- Don't define by the impairment
- Don't use slang
- Not wheelchair bound but she uses a wheel chair
- Eliminate disrespectful slang such as victim, unfortunate, etc.

41



Interview

- IN THEIR HOME
- WORKPLACE
- DAY PROGRAM

42

Interviews

- Don't be late
- Introduction and why you are there
- Ask if it is okay to ask them questions and why
- Assist selecting neutral place for interview
- Do not eat or chew gum during interview
- Review the reason for the interview
- Obtain consent
- Explain you will be making notes

Interviews

- Autism
- Frail elders
- Physical disability
- Traumatic brain injury
- Intellectual disability
- Dementia
- Mental illness
- SED

Principles

- Demonstrate appreciation that the person is taking their time for the interview
- Respectful – of the value of the persons answers
- Accepting and impartial –
- Our own values are put aside - being accepting and establishing a rapport enables the interviewer to convey your interest in the person without passing judgement
- Honest – the stated purpose of the interview
- Appreciative – the persons time is valuable Your body language facial expressions, and tone of voice

Interview

- Make eye contact
- Be attentive and an involved listener
- Keep the focus on the individual
- Avoid leading questions
- Do not bring personal information about yourself
 - For example I like to go to the movies instead of some people like to go to dinner or movies with their friends

Interviews

- Use vocal variety - avoid a flat tone
- Read the question slowly
- Give the person time to think about the question
- Be sensitive when the person doesn't know the answer or does not want to answer
- If the person does not respond, ask if they want the question repeated or if you think they did not understand try a simpler version
- If the person seems uncomfortable ask if they want to skip the question

Interview Continued


- Ask questions in order
- Ask open ended questions – Questions that require more than a yes or no answer
- Be careful to not change the intent of the question
- Be as neutral as possible
- If you see something that places a person at risk, report to KDADS staff and the appropriate protection center if you are a mandated reporter



Ears

- E – EXPLORE BY ASKING THE QUESTION
- A – AFFIRM TO SHOW YOU ARE LISTENING
- R – REFLECT YOUR UNDERSTANDING
- S – SILENCE – LISTEN MORE

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Importance Of Listening

- IF WE WERE SUPPOSED TO TALK MORE THAN LISTEN, WE WOULD HAVE BEEN GIVEN TWO MOUTHS AND ONE EAR

• MARK TWAIN

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Ending The Interview

- Thank the person and tell them that their time is appreciated
- Is there anything else the individual wants to discuss
- Thank the individual for their time
- This concludes the interview.

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Interview Practice

• [HTTP://EGGTIMER.COM/S%20MINUTES](http://eggtimer.com/s%20minutes)

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Provider Notification of Final Rule Compliance (draft form)

Dear [provider name],

Thank you for responding to the attestation survey for the CMS Final Rule on HCBS Settings, your response helps us to plan for the next steps in assuring that HCBS settings in Kansas meet the requirements of the rule and will be able to continue to receive HCBS funding after March 17, 2019.

Based on the information you provided in the attestation survey, your setting(s) located at [addresses] don't yet meet all of the requirements of the Final Rule. This means that changes (or remediation) are needed within these settings in order to meet with the requirements of the Final Rule.

Below are the Final Rule requirements for HCBS settings, highlighted are the areas not yet compliant with the Final Rule, based on your attestation survey response.

All HCBS Settings:

- Integration
- Choice
- Independence
- Rights

Provider Owned Residential Settings:

- Lease/rental agreement
- Privacy
- Autonomy
- Accessible

[Insert anything specific that is not compliant]

This determination of compliance setting(s) applies only to the settings specifically identified by address above. If you disagree with this determination, please contact [name] and we can discuss the attestation response in order to ensure accuracy.

What happens next? Not being complaint with the Final Rule at this time does not affect your current ability to provide and be reimbursed for HCBS services. We will soon begin working with providers who have settings requiring remediation and will be in contact with you in the near future to start this discussion.

If you are interested in making changes in order to comply with the final Rule, we will work with you to develop a remediation plan to assure that this setting complies with the Final Rule by March 17, 2019. If you do not intend to make changes or are not able to, you will need to notify us by [date] so we can work with you to make a plan for people served in these settings to choose other HCBS settings.

Thank you, again, for your efforts and response as we continue to move towards implementation of the CMS Final Rule on HCBS Settings. If you have any questions about this letter, please contact [who] at [phone or email].

More information about the Final Rule can be found on the [KDADS Final Rule webpage](#).

Consumer Survey

HCBS Final Rule Consumer Survey

Wichita State University
Institutional Review Board Approval #3684
08/22/16 – 07/05/17



July, 31st 2016

Dear Consumer,

My name is Tara Gregory, Director of the Wichita State University Center for Applied Research and Evaluation (CARE). CARE provides help to organizations by collecting opinions from consumers like you. You have been given this website link because you or the person you care for (as a caregiver, parent or guardian) gets services through HCBS. The Kansas Department for Aging and Disability Services (KDADS) has asked us to send you the survey to help them understand how well your HCBS services are meeting your needs. This survey includes questions about how much choice you (or the person you care for) have in things like when and what you eat, how you dress and other things like these. It also asks whether you (or the person you care for) have a care plan and some other things about your HCBS services. The survey will be sent to 1500 - 3000 HCBS consumers.

I hope you will take a few minutes to complete this survey. It should take about 15-20 minutes. But it's completely up to you whether you take it or not. This survey doesn't ask you about personal things or anything that should make you uncomfortable. However, if you feel uncomfortable with a question, you may skip it or stop at any time. Nothing you say on the survey will in any way influence your present or future HCBS services. If you choose to take this survey, please don't put your name anywhere on it. No one other than me and my staff will see your answers. We will combine the answers from all surveys into one report that doesn't include any information about individual people. We may publish the results of this survey but we will only discuss overall results.

If you have any questions or concerns about completing the survey, please contact me at (316) 978-3714 or at tara.gregory@wichita.edu. If you have any questions about your rights as a research subject, you may contact the Office of Research and Technology Transfer, Wichita State University, Wichita, KS 67260-0007, telephone (316) 978-3285. This study (IRB #3684) was approved by the IRB in July 2016.

Sincerely,

.....

Tara Gregory, PhD
Director

✉ tara.gregory@wichita.edu
☎ 316.978.3714



Q2 Wichita State University Institutional Review Board Approval #3684 07/06/16 – 07/05/17 Because you or a person you care for (as a parent, guardian or caregiver) receive Home and Community Based Services (HCBS) from the Kansas Department for Aging and Disability Services (KDADS), we're asking that you participate in this survey about your experiences. Your answers will help KDADS and other service providers make their HCBS programs better. Here are some things you should know: Taking this survey is completely voluntary and you can skip questions or stop answering at any time. No matter what your answers are or even if you decide not to participate, it will not affect your HCBS or relationship with KDADS or any of your providers. Please do not put your name or other identifying information on this survey. Your answers will be combined with those of everyone else who filled out a survey, so no one will be able to tell how you answered any question. If you have any concerns or questions, you can contact: Dr. Tara Gregory, Wichita State University Center for Applied Research and Evaluation, tara.gregory@wichita.edu, 316-978-3714 The Wichita State Office of Research and Technology Transfer, 316-978-3285

Q3 Please check the box below if you agree to take this survey.

- ☐ Yes, I agree to participate (1)
- ☐ No, Thank you. (2)

If No, Thank you. Is Selected, Then Skip To End of Survey

Q4 HCBS Consumer Survey The purpose of this survey is to gather information about your experience with Home and Community Based Services (HCBS) as a consumer. We ask you to keep in mind that we're asking for feedback ONLY about your experiences with the services you receive through HCBS for the following waivers: Technology assisted, Traumatic Brain Injury (TBI), Intellectual/Developmental Disability (I/DD), Physical Disability, Frail Elderly, Autism, and Severe Emotional Disturbance (SED). A couple of other things to keep in mind are: This survey is completely anonymous so your answers cannot be connected back to you. Taking this survey is voluntary and you may skip any questions or stop at any time. Your answers to these questions and your decision whether to take the survey will not affect your benefits from or relationship with your service provider(s), KanCare, the Kansas Department for Aging and Disability Services, or your HCBS services in any way. So please feel free to give your honest feedback.

Q5 Please check only one of the options below that best describes you:

- ☐ I receive HCBS and am completing the survey myself (1)
- ☐ I receive HCBS and a GUARDIAN/CAREGIVER is assisting me in taking this survey (2)
- ☐ I receive HCBS and a SERVICE PROVIDER is assisting me in taking this survey (3)
- ☐ I receive HCBS and a CASE MANAGER is assisting me in taking this survey (5)
- ☐ I am a GUARDIAN/CAREGIVER taking the survey on behalf of the person with HCBS (6)

Q8 Under what waiver do you receive HCBS?

- ☐ Technology Assisted (1)
- ☐ Traumatic Brain Injury (TBI) (2)
- ☐ Intellectual/Developmental Disability (I/DD) (3)
- ☐ Physical Disability (4)
- ☐ Frail Elderly (5)
- ☐ Autism (6)
- ☐ Severe Emotional Disturbance (SED) (7)
- ☐ No Answer (0)

Q9 NOTE FOR GUARDIANS/CAREGIVERS/PROVIDERS: The questions below ask for information about the person receiving home and community-based services. The questions typically say “you” or “your.” Please answer the questions below for the person for whom you’re a guardian/caregiver/ provider – not about yourself.

Q10 What is your age in years?

Q11 What city or town do you use for your address?

Q12 Please pick (check) which option below best describes your living situation

- ☐ I live alone (1)
- ☐ I live with one or two other people WHO ARE NOT MY FAMILY (2)
- ☐ I live with three or more other people WHO ARE NOT MY FAMILY (3)
- ☐ I live with family (4)

Q13 Where are your HCBS services provided?

- ☐ At my own personal home (1)
- ☐ At a group home (2)
- ☐ At an adult day center (3)
- ☐ At an adult family care center (4)
- ☐ At a residential care home (5)
- ☐ At a nursing home (6)
- ☐ At an assisted living facility (7)
- ☐ I don't know (8)
- ☐ At a sheltered workshop (9)

Q14 Did you have a choice between sharing housing with roommates OR having your own private housing?

- ☐ Yes (1)
- ☒ No (2)
- ☐ I don't know (3)

Q15 If you share a housing unit with others, were you allowed to choose your roommates?

- ☐ Yes (1)
- ☒ No (2)
- ☐ I don't know (3)
- ☐ I don't share my housing (4)

Q16 If you receive residential services, are they from a licensed provider?

- ☐ Yes (1)
- ☒ No (2)
- ☐ I don't know (3)
- ☐ I don't receive residential services (4)

If No Is Selected, Then Skip To If you receive day services, are they...If I don't know Is Selected, Then Skip To If you receive day services, are they...If Yes Is Selected, Then Skip To If you receive day services, are they...If I don't receive residential... Is Selected, Then Skip To If you receive day services, are they...

Q17 What best describes the amount of residential supports you receive?

- ☐ a staff person is always there (1)
- ☐ a staff person is there most of the time (2)
- ☐ a staff person is there some of the time (3)
- ☐ a staff person comes if I ask them to (4)

Q18 If you receive day services, are they received from a licensed provider?

- ☐ Yes (1)
- ☒ No (2)
- ☐ I don't know (3)
- ☐ I don't receive day supports (4)

Q19 Do you receive supportive home care or personal assistance services?

- ☐ Yes (1)
- ☒ No (2)
- ☐ I don't know (3)

Q20 Do you have a care plan?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I don't know (3)

Q21 If you know you have a care plan, were you involved in creating the care plan?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I don't know (3)
- ☐ I don't have a care plan (4)

Q22 If you know you have a care plan, do you have a clear understanding of your care plan?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I don't know (3)
- ☐ I don't have a care plan (4)

Q23 If you have a care plan, does your care plan provide you with interventions or services that are helpful and do not harm you in any way?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I don't know (3)
- ☐ I don't have a care plan (4)

Q24 If you have staff at your home, do the staff provide transportation?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I don't know (3)
- ☐ I don't have staff at my home (4)

Q25 If the staff does not provide transportation, do they provide information to help you receive transportation?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I don't know (3)
- ☐ Staff already provides transportation (4)
- ☐ I don't have staff at my home (5)

Q26 Do you receive day services in the same place that you live?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I don't know (3)

Q27 If you receive day services somewhere else, where do you go for day services?

- ☐ In a building that provides disability specific services. (1)
- ☐ Where the provider office is located. (2)
- ☐ Other: (3) _____
- ☐ I don't know. (4)
- ☐ I don't use day services (5)

Q28 Thinking about all of the services you currently receive through HCBS, please tell us (CHECK) how strongly you agree or disagree with the following sentences:

	Strongly Disagree (1)	Disagree (2)	In the Middle (3)	Agree (4)	Strongly Agree (5)
I'm satisfied that I'm getting the right services for my needs. (SQ1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The services I receive help me. (SQ2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm satisfied with my experience with HCBS. (SQ3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to seek employment and job opportunities like anyone else in my community. (SQ4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have personal control over my resources (i.e. money and personal belongings). (SQ5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to receive services and resources in the community like anyone else who does not receive HCBS. (SQ6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a choice in where I want live. (SQ7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have privacy in my housing unit (including having the right to lock my room). (SQ8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My home and environment are physically accessible for me (SQ9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to decorate and furnish my home as I like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(SQ10)					
I am in control of my own schedule. (SQ11)	?	?	?	?	?
I feel connected to my neighborhood or community. (SQ12)	?	?	?	?	?
I am able to participate in any activity within my community or neighborhood as I like. (SQ13)	?	?	?	?	?
I am able to eat whenever and whatever I like. (SQ14)	?	?	?	?	?
I am able to have visitors whenever I like. (SQ15)	?	?	?	?	?
I am able to make my own life choices. (SQ16)	?	?	?	?	?
I feel respected and dignified in my experiences with HCBS. (SQ17)	?	?	?	?	?
I make my own choice on what services or providers to use. (SQ18)	?	?	?	?	?
The HCBS services I receive are respectful of my culture and heritage. (SQ19)	?	?	?	?	?
I have friends or relationships with people other than paid staff, family or other individuals receiving services. (SQ20)	?	?	?	?	?
I decide how to spend my money. (SQ21)	?	?	?	?	?
I generally go outside of	?	?	?	?	?

my home whenever I feel like (such as going to lunch, going shopping, going to church, etc.). (SQ22)					
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Q29 Use this space for any other comments:

Q30 THANK YOU FOR YOUR FEEDBACK ON HCBS!